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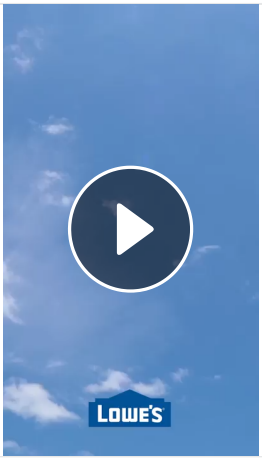

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Mintzberg: One way to fix the manpower crisis in long-term care – let the families back in

While the Ontario government does more aggressive testing, reallocates specialized teams, recruits additional front-line staff and even receives help from the Canadian military, an obvious solution is right before our eyes.

Susan Mintzberg
May 14, 2020 • May 14, 2020 • 3 minute read • Join the conversation

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Members of the Canadian Armed Forces in front of Pickering's Orchard Villa long-term care home. PHOTO BY VERONICA HENRI /Postmedia

We have hit the tip of the iceberg. The ship is rapidly taking on water and needs a quick fix to repair the damage, so as to avoid it completely sinking. But this is no Titanic. Rather, it is a health-care system in crisis that has our government and medical officials scrambling to find quick solutions for the catastrophe unfolding in long-term care facilities during this COVID-19 pandemic.

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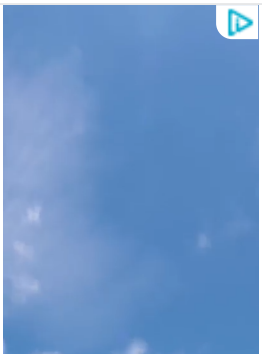

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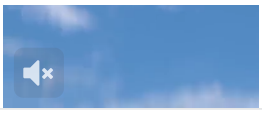

As we search to explain what went wrong protecting our seniors, let's begin by questioning the role of families in these facilities. Given the actions taken at the start of the pandemic, it is clear that family caregivers are considered dispensable in our health-care system: visitors who increase the risk of infection and therefore need to be quickly removed.

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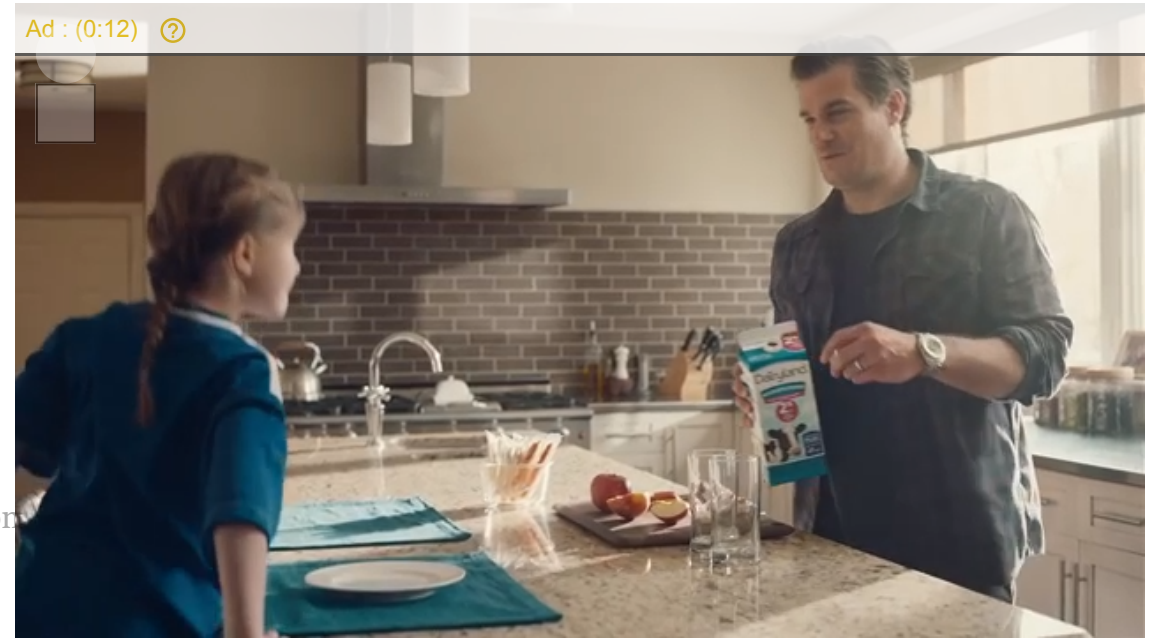

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While the Ontario government does more aggressive testing, reallocates specialized teams, recruits additional front-line staff and receives help from the Canadian military, an obvious solution is right before our eyes. Let the families back in. They may not have the formal training required by professionals, but they know what they are doing, provide essential care, and play an important role in allowing our health-care system to remain afloat. Pull the plug on families … and the system begins to sink.

STORY CONTINUES BELOW

All of the actions taken by the Doug Ford government are a welcome relief in battling this invisible enemy and attempting to gain back control in seniors' long-term care facilities. However, while these urgent measures are carried out, let's consider the following: How is it that soldier, medical specialist and volunteers with little to no experience in long-term care have been given quick access to seniors on the inside, while family caregivers, who have been there all along and have experience providing the needed care, remain on the outside? Equipped with gown and mask, they, too, can be protected.

Prior to this pandemic, families offered the continuity essential in caring for vulnerable seniors. This included observable tasks such as helping with eating, sitting, walking and bathing. Less obvious, however, was the emotional, linguistic and social support that seniors relied on to remain mentally healthy, knowing that a loved one was looking out and advocating for them. Whether acting as an interpreter for those who could not communicate in English or French, sensing changes in health or behaviour, knowing the food that they liked or not, recognizing when they were happy or sad, family caregivers provided the personalized care that our health-care system could not afford. Yet when COVID-19 hit, families were told to leave, and the ship began to sink.

STORY CONTINUES BELOW

The devastation we are now witnessing in seniors' homes has shaken our collective conscience. At the moment, it is a crisis that requires immediate solutions, but this is a concern that runs much deeper and

has been building for decades. We are now all being forced to face a larger systemic issue that impacts not only the elderly, but other stigmatized populations such as those living with mental illness.

As a society, we have continuously turned a blind eye on these populations and, as a result, medical specialties such as geriatrics and psychiatry have been grossly under-financed and lack the support needed to properly care for some of our most vulnerable citizens. Budgets were cut, beds reduced, staff underpaid, research underfunded, the system overwhelmed, and patients have paid the price. As a result, families have been picking up the pieces for years, providing care where the system could not. They were the front-line workers behind the scenes. That is, until this pandemic shut the doors to anyone deemed "non-essential." Families did not make the cut.

STORY CONTINUES BELOW

Our health-care system was sure to hit an iceberg sooner or later. As we work to save the sinking ship and scramble to find a quick fix that will keep it afloat during the COVID-19 pandemic, let's not forget that what lies below the surface is of much larger concern. Moving forward, we need to keep a better lookout and do all we can to avoid another Titanic.

Susan Mintzberg *is a doctoral candidate in social work at McGill University, whose research focuses on the role of family caregivers in mental health care.*

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